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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS

Application Number	10/712,975			
Filing Date	November 13, 2003			
First Named Inventor	Ivan Osorio			
Art Unit	3762			
Examiner Name	Jeffrey Jastrzab			
Attorney Docket Number	011738.00144			

P.O.	missioner for∃ Box 1450 andria, VA 223									
Pleas	Please withdraw me as attorney or agent for the above identified application, and									
a	all the attorneys/agents of record.									
⊠ tr	igotimes the attorneys/agents (with registrations numbers) listed on the attached paper(s).									
⊠ tł	igotimes the undersigned is signing on behalf of each of the listed attorneys/agents.									
the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: Change of representation.										
1 Th	The correspondence address is NOT affected by this withdrawal.									
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Firm		Ivan Osorio/Mark G. Frei								
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Signature	Signature			Registration No.		42,065				
Date	Date December 30, 2004			Telephone No.		312-4	312-463-5000			
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.										

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